

L2300092265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

08/18/2019 10:21 AM

Special Instructions to Filing Officer:

丁巳

2023 FEB 13 AM 4:57

THE ASSISTANT

Office Use Only

D. O'KEEFE

MAR - 1 2023

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mega Lodon HUNTERS LLC
Name of Limited Liability Company

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ken HALEY

Name of Person

Megalonodon Hunters LLC.

Firm/Company

20255 W oak Haven cir

Address

N. Miami Beach FL 3.31.79

City/State and Zip Code

Negev 100000 HUNTERS KH @ GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken HALEY at (727) 366-2466
Name of Person Area Code Daytime Telephone Number

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
 Certificate of Status &
 Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nege Loden Hunters LLC.
(Must contain the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

20255 W OAK HAVEN cir
N. Miami Beach FL
33179

Mailing Address:

20255 W OAK HAVEN cir
N. Miami Beach FL
33179

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ken Haley

Name

20255 W OAK HAVEN cir

Florida street address (P.O. Box NOT acceptable)

N. Miami Beach Florida 33179

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Ken Haley
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 FEB 13 AM 4:57
JULIAHASSI@FLORIDA
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member
"MGR" = Manager

AMBR

Name and Address:

Ken Haley
20255 W. Oak Glen Cir
Miami Beach FL 33179

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3-01-2023 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Ken Haley

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Ken Haley

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2023 FEB 13 AM 4:57
FLORIDA SECRETARY OF STATE
ALL INFORMATION IS PUBLIC

FILED